FOR ADMINISTRATIVE USE

CDC INFLUENZA SURVEILLANCE REPORT

NO. 41 MAY 29, 1958

U. S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Public Health Service Bureau of State Services
Communicable Disease Center - Robert J. Anderson, M. D., Chief
Surveillance Section - Mario Pizzi, M. D., Chief

Morris Schaeffer, M. D.
CDC Virus and Rickettsia Section*
P. O. Box 61
Montgomery 1, Alabama
Telephone No. AMherst 3-4468

*Serving as WHO International Influenza Center for the Americas

Yates Trotter, Jr., M. D.
Frederick L. Dunn, M. D.
Influenza Surveillance Unit
50 Seventh Street, N. E.
Atlanta 23, Georgia
Telephone No. TRinity 6-3311
Extension 5455

SPECIAL NOTE

Information contained in this report is a summary of data reported to CDC by State Health Departments, Epidemic Intelligence Service Officers, collaborating influenza diagnostic laboratories, and other pertinent sources. Much of it is preliminary in nature and is intended for those involved in influenza control activities. Anyone desiring to quote this information is urged to contact the person or persons primarily responsible for the items reported in order that the exact interpretation of the report and the current status of the investigation be obtained. State Health Officers, of course, will judge the advisability of releasing any information from their own states.

TABLE OF CONTENTS

Since the last Report (No. 40, April 15) the number of deaths from influenza and pneumonia has been consistently declining in the 108 cities reporting to NOVS, except for a minor increase in the week ending May 24. The number of deaths during this week for all Divisions is approximately two-thirds of what it was six weeks ago.

The impact of the epidemic on mortality from influenza and pneumonia and from all causes can be visualized in the graph showing the mortality by week during the period August '57 - May '58.

The second wave of mortality from all causes in the winter of '58 was higher than the first wave in the fall of '57. The reverse is true in so far as deaths from influenza and pneumonia are concerned. Considering the distribution of deaths from all causes by age groups, the two mortality waves are clearly distinguishable in the groups 1-64 and 65 and over, the latter being the most affected. Deaths under one year remained at a constant level during this period.

A study of monthly mortality rates, estimated from a 10% sample of death certificates received by NOVS, for the period 1951-57, shows that the death rate from influenza in the fall of '57 was about 70% of the death rate in the winter of 1953, while the death rates from pneumonia were practically the same in 1951, '53 and '57.

- - - - - - - - - - - - - - - - -

This will be the last report of these series. Although, the surveillance of acute respiratory diseases will continue as a routine function of CDC, no reports will be issued until an unusual prevalence of these diseases will warrant the distribution of this type of information again.

We wish to take this opportunity to thank once more all those who contributed so effectively in making the influenza surveillance program operative in assessing the trend of the disease in this country during the 1957-58 epidemic.

I. Current Analysis of Influenza and Pneumonia Mortality*

Table I. Current Influenza and Pneumonia Deaths in 108 United States Cities

Division	Number of Cities In Study	Number of Cities Reporting this Week	Deaths (including estimates**) during weeks ending: April 19 (108 cities)	April 26 (108 cities)	May 3 (108 cities)	May 10 (108 cities)	May 17 (108 cities)	May 24 (107 cities)
All Divisions	108	107	469	422	412	341	338	352
New England	14	13	36	31	26	23	23	27
Mid. Atlantic	17	17	123	124	100	98	85	98
E. North Central	18	18	100	88	81	65	77	80
W. North Central	9	9	37	34	32	31	31	23
S. Atlantic	9	9	37	30	27	26	18	21
E. South Central	8	8	34	20	34	22	26	31
W. South Central	13	13	46	42	45	28	36	34
Mountain	8	8	17	17	22	13	10	13
Pacific	12	12	39	36	45	35	32	25

* Prepared by the Statistics Section, CDC.

** The number of deaths given includes estimates for cities not reporting in a given week. The table is corrected for preceding weeks as late figures are received. The chart will be corrected only for gross discrepancies.

WEEKLY PNEUMONIA AND INFLUENZA DEATHS

"EPIDEMIC THRESHOLD"

"NORMAL INCIDENCE"

(SEE EXPLANATION ON BACK OF SHEET)

UNITED STATES, 108 Cities

SOUTH ATLANTIC, 9 Cities

NEW ENGLAND, 14 Cities

EAST SOUTH CENTRAL, 8 Cities

MIDDLE ATLANTIC, 17 Cities

WEST SOUTH CENTRAL, 13 Cities

EAST NORTH CENTRAL, 18 Cities

MOUNTAIN, 8 Cities

WEST NORTH CENTRAL, 9 Cities

PACIFIC, 12 Cities

NUMBER OF DEATHS

SEP OCT NOV DEC JAN FEB MAR APR MAY JUN JUL AUG

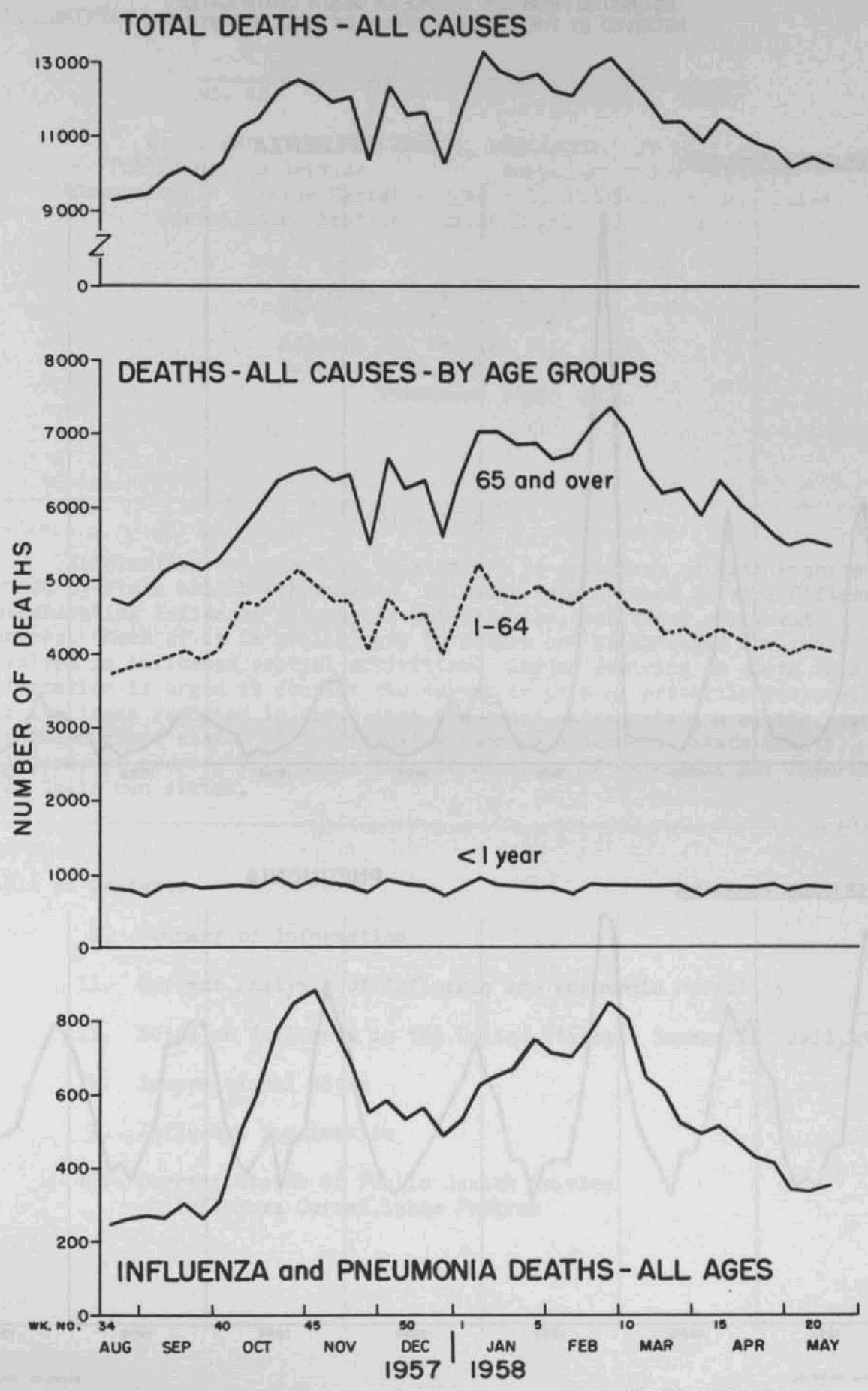
1957 1958

Interpretation of "Epidemic Threshold"

If two successive weeks incidence in excess of the "epidemic threshold" is defined as a "run of two", then with "normal incidence" a "run of two" will be uncommon. When incidence exceeds normal levels a "run of two" will be more likely to occur. Specifically, with normal incidence, the odds against one or more "runs of two" during a period of 52 weeks are four to one. If incidence increases above normal by two standard deviations the odds are even that a "run of two" will follow immediately.

A description of the method used in constructing the charts is given in Influenza Surveillance Report No. 16.

UNITED STATES – MORTALITY BY WEEK



DHEW-PHS-BSS-CDC

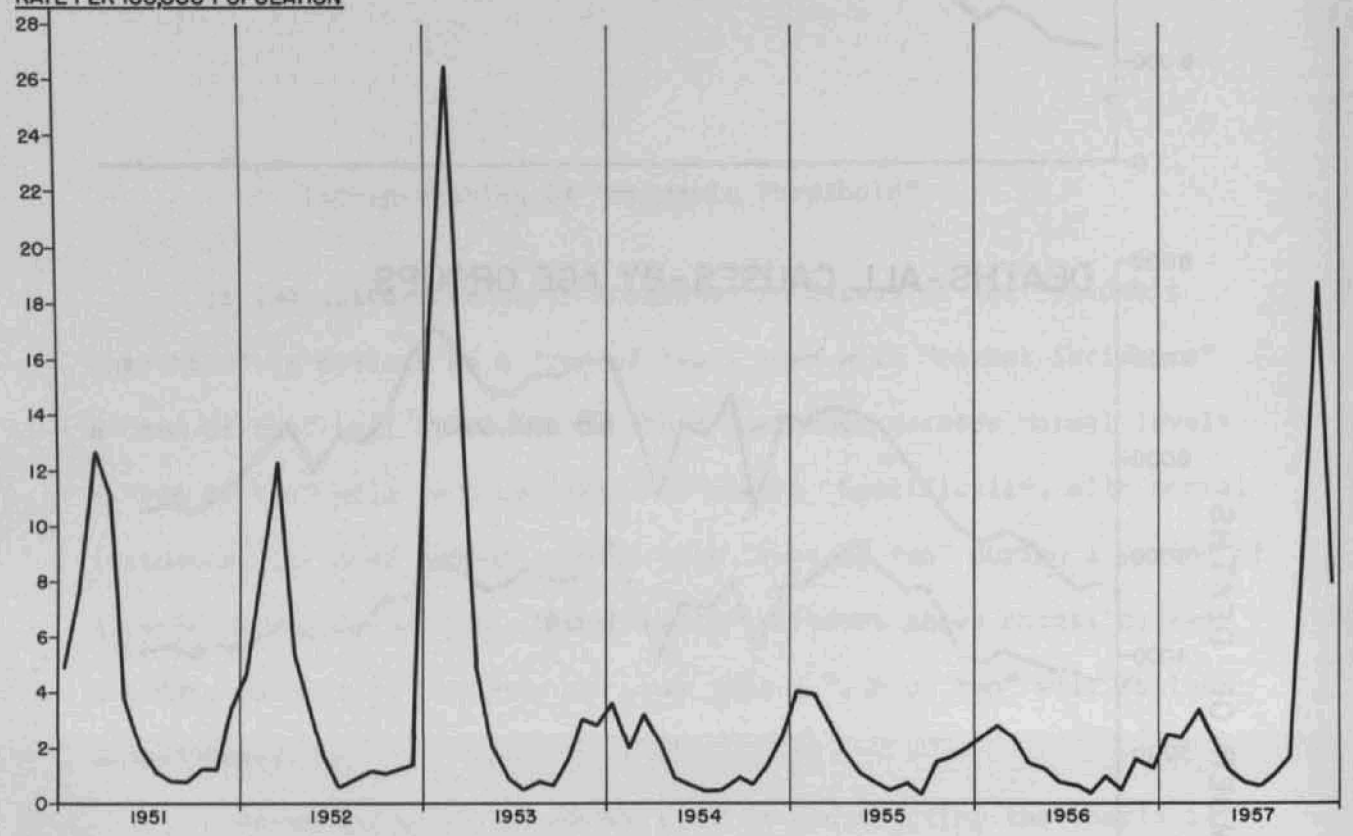
ATLANTA, GA. MAY, 1958

58-384

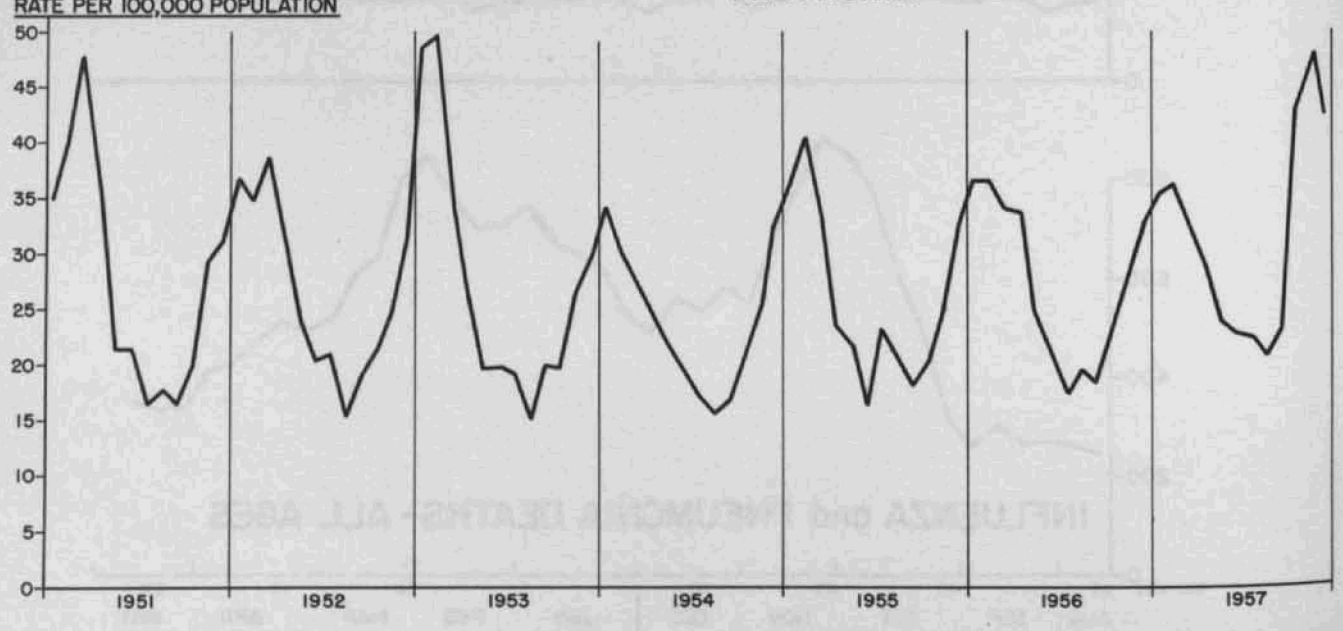
MONTHLY MORTALITY RATE

ESTIMATED FROM 10% SAMPLE OF DEATH CERTIFICATES
RECEIVED BY THE NATIONAL OFFICE OF VITAL STATISTICS

INFLUENZA



PNEUMONIA



DHEW-PHS-BSS-CDC

ATLANTA, GA. MAY, 1958